			<del></del>		_				10	67	2896		
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003								Application or Docket Number					
	CLAIMS AS FILED - PART I											<u> </u>	
<u></u>	OTAL OLABAC	<u>ر</u>	(Column 1) (Coli			ımn 2)		SMALL! TYPE		OR		THAN ENTITY	
TOTAL OBAING UT								RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		. 7			X\$ 9=		OR	X\$18=	126	
INDEPENDENT CLAIMS			() minus 3 =		3			X42=	<del>                                     </del>	1	X84=	200	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT						┿	OR		256	
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2			ı	+140=		OR	+280=			
CLAIMS AS AMENDED - PART II								TOTAL	· L	OR	İ	ilVŠ	
3-12-16						(Column 3)		SMALL	. ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	*	HIGHI NUME PREVIO PAID I	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 27	Minus	# 27		= /		X\$ 9=			X\$18=	FEE	
	Independent	· 6	Minus	*** 6			ŀ	X42=	<u> </u>	OR		·	
Ľ	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		ŀ	A42=	-	OR	X84=		
							L	+140=		OR	+280=		
		4					A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1) CLAIMS	The State of the S	(Colum		(Column 3)	-			. ,			
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total Independent	*	Minus	**		=		X\$ 9=	a Na	OR	X\$18=		
AM		* ENTATION OF MU	Minus	ENDENT	CI AIN	=	I	X42=		OR	X84=		
			CITE DEF	ENDENT	CLAIM		T	+140=		OR	+280=		
						•	L	TOTAL		L	TOTAL		
		(Column 1)	DDIT. FEE	h	ι μ	VOOT. FEE							
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER JSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*	Minus	**		=		X\$ 9=		ا ہے	X\$18=	FEE	
	Independent		Minus	***	, j. b	#	┢	X42=		OR			
_	FIRST PRESE	-	A42=		OR	X84=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **ADDIT. FEE										OR	+280= TOTAL		
•	I DIO LIMBIREST MILI	mber Previously Paid ber Previously Paid	d For IN This	5 6DVVC : "		04 80 8		DIT. FEE		OR A	DDIT FEE		
	PTO-875 (Rev. 12		vernment Printing						Virial DOX	COIU			